## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P94000052322 (2)

GERMAIN AUTO SALES & REPAIRS, INC.

Principal Place of Business Mailing Address 1023 NE 5TH AVENUE FORT LAUDERDALE FL 33304 P.O. BOX 9142 **CORAL SPRINGS FL 33075** 

**FILED** Jan 28 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

01-20-98

3. Date Incorporated or Qualified

								07/14/1994					
2. Principal P	lace of Business	2a, Mailing Address					4. FEt Number				oplied For		
21	B			26				65-0569884			N	ot Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				E Co	ertificate of Sta	stup Doniron	1 🗆	\$8.75	Additional	
22			27				<b>3</b> . Ce	stilloate di Sta	alus Desliec	, u	Fee R	equired	
City & State			City & State				<b>6.</b> €le	ection Campai	ign Financir	ng	\$5.00	May Be	
23			28				Tre	ust Fund Cont	ribution		Added	to Fees	
Zip	<u> </u>	Country	Zip		Count	ry	8. Th	is corporation	owes or ha	s paid the c	u <u>rrent year in</u>	tangible	
24	25		29		30			rsonal Proper				J No	
		Address of Current		.T.,	10. Na	me and Add	ress of Nev	v Registered	d Agent				
F	8	Name L	VIA	V File	ARO	GERI	MAIN						
1200 W SUNRISE BLVD						2 Street Add	ddress (P.O. Box Number is Not Acceptable)						
F	t lauderdale	FL 33311		102			3 N	E. 574	<u>LAV</u>	enve			
				8:	4730	+10	March	راما	T-1,	3330	4		
					В	4 City		10000	714	<u> </u>		Code	
			1				F(						
11. Pursuant to the provisions of Sections 607.050? and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent or both in the State of Florida, Such change was authorized by the corporation's board of directors. Liberary accept the appointment or registered													
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.													
SIGNATURE													
·- <u></u>		gent signature requir				DATE							
12.	DP	OFFICERS AND	DIRECTORS	DELETE	13.		ADE	DITIONS/CHAI	NGES TO O	FFICERS AN			
TITLE		OFOLIANI.		L) DECE IE	1.1 TITLE	ł					Change	L_ Addition	
NAME	FRITZNER				1.2 NAME	·							
STREET ADDRESS		INRISE BLVD			1.3 STREI	ET ADDRESS							
CETY - ST - ZIP	FT LAUDE	NUALE FL		T never	1.4 CITY								
TITLE	DVS	VOLUME E		DELETE	2.1 TITLE						Change	Addition	
NAME		YOLANDE F		2 2 N		1						į	
STREET ADDRESS		INRISE BLVD			2.3 STREE	2.3 STREFT ADDRESS							
CITY-ST-ZIP		RDALE FL 33311		100.00	2. 4 CITY	-ST-7IP							
TITLE	DT	<b>A.   </b>		☐ DELETE	3.1 TITLE						☐ Change	Addition	
NAME		SHYLOVE F			3.2 NAME								
STREET ADDRESS		INRISE BLVD		3.3 STREET		E1 ADDRESS						-	
CITY-ST-ZIP	FI LAUDE	DALE FL 33311			3 4. CITY	- ST - ZIP							
TITLE				DELETE	4 1 TITLE						Change	Addition	
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STREET ADDRESS					4.3 STREE	ET ADDRESS						-	
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TITLE				DELETE	5.1 TITLE						Change	Addition	
NAME					5.2 NAME							i	
STREET ADDRESS					5.3 STREE	T ADDRESS							
CITY-ST-ZIP				T or ere	5.4 CITY-	S1 - ZIP							
TITLE				DELETE	6.1 TITLE						Change	Addition	
NAME					6.2 NAME	•							
STREET ADDRESS					6.3 STREE	T ADDRESS							
CITY-ST-ZIP	250 ac. 20 a 2	<del></del>	ability of the		64 CITY-				·	12	- 1.00 W 1.5		
14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the resolver of truestee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an affachment with an address.													